

Nevada Advisory Council for Children with Special Health Care Needs (CSHCN)
Parent Support and Education Workshop for Healthy Kids benefit

May 16, 2007

Marcia O'Malley, Executive Director of Family TIES of Nevada
Lisa Lottriz, Washoe County District Health Department, (WCDHD)
Jane T. Hogue, Project Coordinator, UNR Early Head Start Program
Debra Wagler, Program Manager, Bureau of Family Health Services (BFHS)
Jo Malay, Medical Consultant, BFHS
Jean S. Childs, Director of CSA Head Start
Tiffany Young, Health Program Specialist, BHFS
Marti Cote, Division of Health Care Finance and Policy, DHCFP
Diana Jones, Training Officer, Welfare Division, Professional Development Center, Reno
Hilda Uribe Escobar, Health Service Manager, CSA/ Head Start
Margie Franzen-Weiss, Early Childhood Systems Coordinator, BFHS
Regina Washington, Outreach Specialist, Anthem Partnership Plan, Las Vegas
Jamie Collins, Network Education Rep., Anthem Partnership Plan, Washoe County
Ana Fumando, Senior Outreach Specialist, Anthem Partnership Plan, Las Vegas
Kelly Simonson, Health Plan of Nevada Health Division, BFHS
Dena Sargent, Quality Coordinator, Anthem Partnership Plan, Las Vegas
Brenda Bledsoe, Bureau of Early Intervention Services, BEIS
Janet F Serial, Middle Childhood Health Coordinator, BFHS
Rota Rosaschi, Executive Director of the Nevada Public Health Foundation

CALL TO ORDER, ROLL CALL

Marcia O'Malley called the meeting to order. The meeting began at 11:12 am at the Head Start Collaboration Office, 680 South Rock Blvd., Conf. Rm. #1, Reno, Nevada, Nevada PEP, 2355 Red Rock Street #106, Las Vegas and Sprint Intercall Conferencing.

APPROVAL OF MINUTES FROM THE MARCH 1, 2007 MEETING

Ms. O'Malley asked if there was any discussion about the minutes, anything that needs to be changed. Rota Rosaschi advised of typographical error regarding the spelling of Jeff Brenn and when Professional Development Center (PDC) is referenced you do not need to have the apostrophe. Dena Sargent advised her title is incorrect, please delete Corner Cove. Ms. O'Malley advised the "ties" in Family TIES is an acronym and should be capitalized and also Debra Wagler's title needed corrected. Ms. Cote made the motion to approve the minutes with changes. Ms. Lottriz seconded the motion. **MOTION APPROVED**

REVIEW, DISCUSS AND POSSIBLY APPROVE THE MAP OF COMMUNITY COMMUNICATION AND REFERRAL NETWORK WITH THE FOLLOWING SUGGESTIONS BASED ON COMMENTS FROM THE LAST MEETING

a.) **Add Asian/Pacific Islander information** – Ms. O'Malley reminded everyone we had talked about all of our information to be bilingual in English and Spanish. Marti Cote asked if we consider translating for other languages, such as the multiple

Asian/Pacific languages, we need some kind of an assessment showing there is a need for Division of Health Care Finance and Policy to spend money on this. Diana Jones asked do we know if there is another language needed? Ms. Cote shared when persons apply for Medicaid they are asked what is the language spoken in the home? Jean Childs stated that she does know from her past work with Head Starts on Pacific Islands, in most cases everyone is taught English as well as their native language. Debra Wagler suggested in some cultures and for recent immigrants, they may speak the native language but are unable to read it. The question is – did we mean we wanted to have everything printed in all these languages or were we actually trying to do outreach to where those groups may reside, congregate, and make sure they are included? Ms. Wagler was thinking the latter. Ms. O'Malley advised that was her recollection as well and we were talking about ways of being culturally appropriate with our outreach. In addition to finding where this population resides, where do they hang out, how do we approach them is also what is the most appropriate way to approach them. Because it may be that some of the tools that we start developing might be very appropriate for our general English speaking families but it wouldn't be for a particular ethnicity, Ms. O'Malley felt it was more than approaching the language translation issue. Diana Jones responded to the follow up question about the Medicaid application – we ask them what services are needed including translation. We do not ask what the primary language is. We ask if they need a certain person to interpret and if so, then we follow up with providing interpretation services for them. Ms. Cote asked if it would still be necessary to get the report or just want to see it any way and would it be important to have the zip codes where they live included in the report? Ann Fumando, shared that she has come across a lot of immigrants from South Africa, Ethiopia; we even have an African Immigration Resource Center located in Las Vegas that assists the newcomers. Ms. Fumando suggested taking this in consideration as well.

Ms. O'Malley asked if there were any other discussion on the Asian/Pacific Islander information? Ms. Wagler asked, can we base the discussion on where the outreach might take place, so those groups get involved? Obviously the Immigration Resource Center, but where else do pockets of ethnicities we wish to reach visit? Tiffany Young suggested taking a look at some of the community-based organizations because they are going to have some of their own network groups that would be more inclined to give information out than most traditional advocates. She listed the Seventh-Day Adventist Church is going to be the largest population for Asian specific population, Word of Life Ministries, and the Spark's Seventh-Day Adventist Church. Janet Serial also recommended Andrew E. Kelly, the Principal at High School, Reno and the Religious Alliance in Nevada (RAIN) that actually run out of the Reno office and it is a state wide coalition. Suggestion was made that all these names be added to the list to receive agendas.

b) Work with the Professional Development Center to get the information out to the community. Diana Jones explained the new staff trainings and said Healthy Kids could be described to parents during the intake process. She would need someone from the group to come in on the referral training day to describe the program. Rota Rosaschi felt the staff get so much information at one time, additional training/reminders might be helpful for retention. Janet Serial added there used to be a monthly inservice. The group

discussed preparing 5-6 bulleted items of the Healthy Kids important information. As there are fewer face-to-face interviews it will be important to share these key bulleted items with the front office staff, security guard, and screeners (those who deal with clients in person or by phone). They all agreed it was important to train those who touch the clients (not just mailers).

c) Review Family Voices and TennCare outreach materials – Ms. O'Malley spoke on behalf of Family Voices to share Colorado's booklet developed by their Medicaid and Family Voices staff. It is used as a tool for families to read about the benefits of EPSDT. This booklet contains very simple graphics, each page has a couple of clip art pieces to it, very easy to read bulleted information. Ms. O'Malley suggested that this booklet possibly was written on a 4th or 6th grade level, and it is unknown if there is a Spanish version. Ms. O'Malley advised she would get copies out to all subcommittee members. Ms. O'Malley said the TennCare materials were mailed with the agenda as well as the information about the Bright Futures. Bright Futures will be for providers and of the two TennCare handouts that were emailed; one is a brochure, clearly designed for families, very easy to read, bulleted information, high graphics, and nice colors and the second is a sixty-one (61) page document that gives really great detailed information. Ms. Bledsoe shared she worked with the Department of Education in Tennessee and the Early Intervention program for special education, but was also designated as their department's liaison to the Governor's office for Children's Care Coordination which was heavily involved in this work. They also worked closely with Family Voices Tennessee. Tennessee got into a bit of a problem because they were not implementing Early Periodic Screening Diagnosis and Treatment (EPSDT) and Gordon Bonnyman, public lawyer, filed a class action lawsuit. Ms. Bledsoe said she really commends the work being done here because Nevada is using the resources to get the work done and serve children, instead of using the resources to deal with federal court. Much of the TennCare material was screened by the court, so the brochures are very specific in meeting the requirements for Medicaid and EPSDT and believes that is why you see some of the clarity that you do. Another person she worked with was the local chapter president of the American Academy of Pediatrics (AAP) in Tennessee, who had done a couple of things that are targeted to families to have a training program for physicians and screening tools, which went very well. The state of Tennessee had contracted with the AAP to help develop materials and overall Ms. Bledsoe felt the campaign was pretty effective for younger children, but they still were having a lot of difficulties meeting the standards that were set for teenagers. The TennCare brochure was distributed through early intervention programs, and the Department of Education Commissioner sent a letter to all the school systems in the state of Tennessee along with flyers and brochures with a requirement that they be distributed in the schools. The Early Intervention service coordinators shared this information with families who were eligible under TennCare to follow through with some of the training and health care follow up information.

Ms. Bledsoe stated that the English and Spanish Healthy Kids Fact Sheets are being distributed to staff in Nevada Early Intervention Services (NEIS) programs to be shared the information with families they serve. Agencies represented at the meeting agreed to also distribute outreach materials about Healthy Kids to their staff. Ms. Jones stated

absolutely, and feels it is very supportive of the work that we do because while we work on development and the child does not have good health care. Ms. Serial reiterated what she had mentioned at the last meeting was having other service providers outside of the Welfare/Medicaid system such as Child welfare providers, community health nurses, Early Head Start etc., do the outreach. She felt there is an opportunity to do some real broad base training around getting other people informed and educated around this too, possibly something for Nevada Public Health to sponsor.

UPDATE – WELFARE STAFF TRAINING IDEAS

a) Professional Development Center (Welfare): learn about the human side of the family needs and explain the benefit of Healthy Kids (epsdt)

Guest speaker, Diana Jones, clarified the process when a family meets with the caseworker, and how they are told about EPSDT-Healthy Kids. Ms. Jones advised they should be talking about Healthy Kids during the intake process, but each office has a different system on how they manage their case loads. Some interview at intake and they go over all the referrals at that time prior to approval. Ms. Rosaschi said when families come in and apply for public assistance, they have a lot of things they go over very quickly, a lot to comprehend at once. Also from her experience with welfare, she felt few eligibility workers knew the word Healthy Kids, they may know the word Early Screening, and they may know a variety of different things, but not necessarily how it works and why it is to the client's advantage to know about Early Screening, especially when they hear the family stories and about all these issues related to their children. Ms. Jones agreed and advised in the training design they do have a lot of lectures with guest speakers throughout the community and have not had anyone come in from Early Screening or Healthy Kids, so this would be really exciting for them because they are always looking to add new presentations from the community. Ms. O'Malley asked for clarification as to give a big broad stroke view of how your system works and what exactly do you do and why. Ms. Jones advised the PDC is a building that we have and actually have a lot of people stationed there right now; not just training for eligibility purposes but her function is to oversee the training for the new hires for the New Kids Manager. They go through a pretty extensive and aggressive policy and background training so they have just a basic idea on how to manage their caseload and have a foundation that they will eventually build on for the programs that they are exposed to. The benefit of sharing information with the trainees is their sponges at that time, there taking anything and everything that we give them and everything is important. So as they start learning how to interview, they can hear the information, then you can tailor the information to on how to hear what the clients are saying at the time of the interview. They should be listening for what kinds of referrals/resources would be helpful. Ms. Wagler stated one thing in general that part of the discussion from the last meeting was figuring out some way to partner with you, what ever makes the most sense. Jean Childs asked if the PDC invites outside agencies which provide services into their training process. Ms. Jones replied ***absolutely*** - that they have a running roster of guest speakers and is always looking at getting community input, community service information to the trainees, always develop a packet that they can certainly add more information to, that they are given at the time they go out into the field and exercise what

they have learned and then come back and get the rest of the training. When the trainees are done, those packets are their's and they keep it at their workstations.

Ms. Serial asked a question related to pregnant woman, was the required face-to-face interview not required, can people apply without coming in for the face-to-face?

Ms. Jones said unless there is Temporary Aid to Need Families (TANF), they are not required to have the face-to-face interview. Ms. Serial stated there used to be a form given with the application describing EPSDT Healthy Kids programs. Does that still exist? Margie Franzen-Weiss asked if the clients need to come back in for annual re-evaluation. Ms. Jones said yes for Medicaid and TANF, it is every six months. Ms. Franzen-Weiss asked is there a handout piece pertaining specifically to EPSDT Healthy Kids that is provided to the parents at that time?

Ms. Wagler suggested the function of this group is that we develop the family-friendly materials, as Rota was saying – Why is it important for families to have a healthy kids screen? We have to get them motivated from a parent perspective piece. Ms. Rosaschi responded by saying this is two-fold, a) through the application process and mailing process that there is so much that goes on, its overwhelming, and when the client get's it, they don't know what it is that they have, b) we need to remind/train the front line persons who touch the clients on a regular basis to point out to the client EPSDT Healthy Kids program that they might not need it now but possibly have the need in the future. Give examples so that the client connects with the information. Ms. Serial recommended the constant reinforcement of these things, because again, it is a continuous educational process and should be ongoing through the life of eligibility for Medicaid because families on Medicaid need a lot of support.

Ms. O'Malley advised one of the key things that came out of the last meeting was we need kind of a parallel approach to a couple of different populations at once. We definitely need the people who are directly influencing families and then we also need mechanism to educate the families.

b) Brainstorm on who else could educate families early in their enrollment process

Ms. O'Malley stated she felt all of these are really key partners in getting in touch with those families at a really good time, as Rota said, when they may not be as hurried as they are when they are during intake at the Welfare office. Early intervention does a great job and once parents get into early intervention they know what to expect and they built trust with the service coordinator, so they have an ongoing relationship for up to three years. Ms. Childs advised at Head Start they have a family service unit where actually they have social workers attached to all families involved with their program. Also, this organization is interested to ensure their staff stays well trained to help the families. In addition, every child must have a full comprehensive physical, dental and follow up; it is the Head Start program's responsibility to make sure the resources in the community are used prior to expending Head Start funds.

Dena Sargent recommended structure and development (instructions) on the "How To" when clients receive a letter. Jane Hogue agreed with Ms. Sargent that she hit on a good

point and felt the training issue is actually two fold; a) How to help the individual through the eligibility process whether it be in Nevada Check Up or Medicaid and, b) Those who are providers and/or serving the families who she believes still do not understand completely what early screening is and what it can do to help particular families. We can't forget the rural parts of the state either because the public health arena is where this can help solve some of the problems, but you have to identify who can do it, when it can be done and who can help with the cost. Ms. Jones responded by saying she felt this would actually bridge a lot of the miscommunication between the eligibility staff and the staff at Early Head Start program so that way everybody is working together and they can be the voice of that entity.

Ms. Jones asked if anyone knew if the School District's annual enrollment form, i.e., with questions asking if you are receiving any type of reduced lunches, would you be interested in a reduced lunch, are you receiving any type of Federal aid, etc., Is there a way to promote Healthy Kids--EPSDT and implement an attachment request saying if you have Medicaid/Nevada Check Up please contact this number for more information. Parents may pay more attention to these enrollment forms. Margie Franzen-Weiss suggested working with the school nurses throughout the school district. Also, look at what the immunization project has been doing with the Promoting Immunization In Kids (PINK) packet, looking at outreach by United Way, and at a cooperative Parenting Newsletter.

Ms. Sargent asked if there is any way possible maybe to ask the state to produce something similar to the colorful TennCare pamphlets where it would be generalized, state endorsed, then both plans could use it at health fairs, school activities, and mailings. This way the information is coming from both health plans, saying the exact same thing, and it is not MCO marketing. Marti said she did not know if it would come from Medicaid or Welfare, but that would be the question because Medicaid does not ever see the client. Ms. Wagler requested Kelly Simonson and Dena Sargent to formulate a formal letter requesting that we look into this and that would get Ms. Cote and herself starting on the question and then we start the process to figure out who we ask. Ms. Hogue stated if we had something from the State this would be very helpful for us to use with Head Start families as well. A pamphlet like the samples seen today could be distributed at multiple levels; it is very simple and informative.

Ms. O'Malley recapped item #4a – we said were going to have an ongoing discussion with Ms. Jones about the cross training opportunities, the actual training of staff, for Medicaid itself. We have some good suggestions already and think will continue the discussion later on. Item #4b – a list has been generated from discussion this meeting. She requested if there are any additional groups you wish to add, please email Ms. Wagler your recommendations.

c) Evaluation of information transfer

Ms. Wagler asked – How do we look at data to see whether or not we are having an impact. We have a HEDIS measures, a sampling of the managed care members use of Healthy Kids--ESPDT. These measures and the fee-for-service numbers will be shared with the Maternal Child Health Advisory Board next month, we intend to maintain a

process of some body monitoring changes in Healthy Kids–EPSDT. Remember there is about 52 percent managed care and 48 percent fee-for-service. So we have to look at both sides of service usage. For the long-term we can know if impact was made, but how do we know at the community level that we are making some impact? Ms. Wagler suggested we might look at simple indicators such as – do we have increased cross-agency agreements between Welfare and Head Start. For the next meeting, bring your ideas of indicators that will give you, a participant in this group, a sense of whether something has changed for Healthy Kids–EPSDT outreach.

d) Include parent perspective – Ms. O’Malley did not invite a guest for this meeting because she felt that there was so much on the agenda already and asked to bring the invitee parent to the next scheduled meeting.

APPROVE WORKGROUPS TO DO LIST

Ms. O’Malley advised this item had previously been discussed.

DISCUSS ITEMS TO BE PLACED ON NEXT MEETING’S AGENDA AND REVIEW DATES FOR UPCOMING MEETINGS JUNE 18TH & AUGUST 7TH, 2007

Ms. O’Malley advised the next meeting will be on June 18, 2007 and from what we have discussed today it seems that we are still reviewing some materials, but we really liked the TennCare EPSDT brochure. Ms. O’Malley asked if there is anyone that comes across another material piece like this and would like to include it as a model, please send to Ms. Walger who will also share with subcommittee members. Ms. O’Malley requested if you have any other topics or suggestions for the next meeting’s agenda to email Debra as soon as possible.

PUBLIC COMMENT AND DISCUSSION

None.

Meeting adjourned at **12:30 PM.**